

Prenatal Plus Program



Psychosocial Form

Nam	e	Date of Birth	Medicaid #
Pleas	e answer the questions honestly so we ca	n help ensure a healthy pregnancy	for you and your baby.
1.	When you first learned you were preg (Check the best answer) I wanted to be pregnant sooner I wanted to be pregnant then I wanted to be pregnant later I did not want to be pregnant then		Clarify responses here:
2.	How does the baby's father feel about th	e pregnancy?	
3.	Describe your parents while you were gro	owing.	
4.	What does it mean to be a good mom?		
5.	What causes you to feel stressed?		

6. When you are upset, do you (check all that apply):	Clarify responses here:
count your blessings, hope, pray, think "I can make it"	
□ talk to someone	
□ rock	
□ ignore it	-
try to keep busy (watch TV, listen to music, read, shop)	
□ practice relaxing	
□ use drugs	
☐ drink alcohol	
☐ try to figure out what's going on	
smoke	
☐ go for a walk	
□ daydream	
·	
□ lose your temper	
□ party	
□ think of the future	
□ take it out on someone else	-
□ other	
7. List events which happened to you in the past year that were good or bad (job,	
move, school, pregnancy, marriage, divorce, etc.)	
Good Events Bad Events	
<u> </u>	
8. What do you feel is the best thing about yourself? What are your strengths?	Ī ———
What would people who know you say they like about you?	-
What would people who when you say they like about you.	
9. Who in your life is the most helpful and supportive to you?	
10. Is there someone who gives you advice about your pregnancy?	·
□ Yes □ No	
If yes, who?	
11. Who do you wish would be more helpful or supportive to you?	
12. Have you ever had or felt any of the following (check all that apply):	1
12. Have you ever had or relearly or the following telleck all that apply .	1

Depression	Clarify responses here:		
☐ Anxiety			
 Postpartum depression or the "baby blues" 			
□ Bi-polar disorder			
☐ Schizophrenia			
□ Other			
Did you see a counselor for any of the above?			
☐ Yes ☐No Ifso, when?			
Forhowlong?			
Did you take medicine for any of the above?			
☐ Yes ☐ No			
If yes, what kind?			
11 yes, what kind.			
When did you last take it?			
When did you last take it:			
Who procerited it?			
Who prescribed it?			
Mara you has nitalized for any of the above?			
Were you hospitalized for any of the above?			
☐Yes ☐ No			
Ifso, when? For how long?			
13. Over the past month, how often have			
you been bothered by any of the			
following problems?			
Not at Some of Most of All of			
all the time the time			
Little interest in doing things \square \square \square			
Feelingdown, depressed or hopeless \square \square \square	<u> </u>		
Had trouble sleeping			
14. Do you have concerns about postpartum depression or the "baby blues"?			
□Yes □No			
15. Do you have any thoughts or plans about hurting yourself?			
□Yes □No			
16. In the past, have you ever tried to hurt yourself?			
□Yes □No			
If yes, how and when?			
17. Do you have any thoughts or plans about hurting anyone else?			
□Yes □No			
18. Have you ever repeatedly been put down, or hurt emotionally?			
☐Yes ☐ No If yes, when?			
19. Are you now, or have you ever been hit, slapped, kicked, pushed, or			
otherwise physically hurt?			
□Yes □No If yes, when?			

20. 20. Are you now, or have you ever been uncomfortably touched or forced into sexual contact? ☐Yes ☐No If yes, when?	Clarify responses here:
21. Does anyone in your life make you feel humiliated, threatened or afraid? ☐Yes ☐No If yes, who?	
22. How safe do you feel in your current living situation?	
very safe	
somewhat safe	
□ very unsafe	
not really sure how safe	
23. Have you ever been involved with the legal system (juvenile court, probation, jail, parole)? ☐ Yes ☐ No If yes, when?	
24. Have you are been accounted of abild above on made at 2	
24. Have you ever been accused of child abuse or neglect? ☐ Yes ☐ No If yes, when?	
25. Have you ever been in the foster care system?	1
☐ Yes ☐ No If yes, when?	